

STATEMENT OF ECONOMIC INTERESTS
RECEIVED
FAIR POLITICAL PRACTICES COMMISSION
COVER PAGE

Official Use Only

FEB 27 2012

Please type or print in ink.

NAME OF FILER

(LAST) 2012 FEB 28 PM 4:25 (FIRST)

(MIDDLE)

Dutton

Robert

Dale

1. Office, Agency, or Court

Agency Name

State Senate

Division, Board, Department, District, if applicable

31st District

Your Position

State Senator

► If filing for multiple positions, list below or on an attachment.

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State☐ Judge or Court Commissioner (Statewide Jurisdiction)☐ Multi-County _____☐ County of _____☐ City of _____☐ Other _____

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2011, through December 31, 2011.☐ Leaving Office: Date Left ____/____/____
(Check one)

-or-

The period covered is ____/____/____, through December 31, 2011.

☐ The period covered is January 1, 2011, through the date of leaving office.☐ Assuming Office: Date assumed ____/____/____☐ The period covered is ____/____/____, through the date of leaving office.☐ Candidate: Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 15☒ Schedule A-1 - Investments - schedule attached☒ Schedule C - Income, Loans, & Business Positions - schedule attached☒ Schedule A-2 - Investments - schedule attached☒ Schedule D - Income - Gifts - schedule attached☒ Schedule B - Real Property - schedule attached☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

5.

I have used all reasonable diligence in preparing this statement. I have reviewed the information herein and in any attached schedules is true and complete. I acknowledge this is

I certify under penalty of perjury under the laws of the State of California that

Date Signed

2/27/12
(month, day, year)

Signature

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name

Robert Dutton

▶ NAME OF BUSINESS ENTITY
Western Hills Estates Ltd

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Raw Land

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☒ Partnership ☒ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / **11** **12** / **31** / **11**
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
NRG Energy

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Energy Provider

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / **11** **8** / **17** / **11**
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
ISHRS MSCI Emerging Markets

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Index Fund

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☒ Other **Index Fund** (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / **11** _____ / _____ / **11**
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Energy SEL SECT SPDR FD

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Energy stocks

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☒ Other **Index Fund** (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
8 / **22** / **11** _____ / _____ / **11**
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Vineyard National Bank

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

commercial Bank - see comment

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / **11** _____ / _____ / **11**
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
CVB Financial CP

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Commercial Bank

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / **11** _____ / _____ / **11**
 ACQUIRED DISPOSED

Comments: Vineyard Bank value is less than \$2000 but will continue to list until disposed

SCHEDULE A-1**Investments****Stocks, Bonds, and Other Interests**

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Robert Dutton

► NAME OF BUSINESS ENTITY
Prudential Financial Inc

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Financial services

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/11 ACQUIRED ____/____/11 DISPOSED

► NAME OF BUSINESS ENTITY
Health Care Select

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Health care stocks

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☒ Other **Index Fund** _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/11 ACQUIRED ____/____/11 DISPOSED

► NAME OF BUSINESS ENTITY
TEVA Pharmaceuticals ADR

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Pharmaceuticals

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/11 ACQUIRED ____/____/11 DISPOSED

► NAME OF BUSINESS ENTITY
Walmart Stores

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
retail

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/11 ACQUIRED ____/____/11 DISPOSED

► NAME OF BUSINESS ENTITY
Intl Business Machines Corp

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Business machines and computers

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/11 ACQUIRED ____/____/11 DISPOSED

► NAME OF BUSINESS ENTITY
Market Vectors AGRIBUS ETF

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Index Fund

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☒ Other **Index Fund** _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/11 ACQUIRED ____/____/11 DISPOSED

Comments:

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name

Robert Dutton

NAME OF BUSINESS ENTITY

Chevron

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Energy

FAIR MARKET VALUE

- ☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____/____/11 ACQUIRED _____/____/11 DISPOSED

NAME OF BUSINESS ENTITY

Microsoft Corp

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Computer software - see comment

FAIR MARKET VALUE

- ☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____/____/11 ACQUIRED _____/____/11 DISPOSED

NAME OF BUSINESS ENTITY

Watson Pharmaceutical Inc

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Pharmaceuticals - see comment below

FAIR MARKET VALUE

- ☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____/____/11 ACQUIRED _____/____/11 DISPOSED

NAME OF BUSINESS ENTITY

ISHS S&P/TOPIX

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Index Fund

FAIR MARKET VALUE

- ☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☐ Stock ☒ Other **Index Fund** _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____/____/11 ACQUIRED _____/____/11 DISPOSED

NAME OF BUSINESS ENTITY

ISHARES NASDAQ BIOTECH FUND

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Biotech companies

FAIR MARKET VALUE

- ☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☐ Stock ☒ Other **Index Fund** _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____/____/11 ACQUIRED _____/____/11 DISPOSED

NAME OF BUSINESS ENTITY

MOLYCOP INC DEL COM

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Rare earth minerals

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

10 / 25 / 11 ACQUIRED _____/____/11 DISPOSED

Comments: Microsoft and Watson Pharmaceutical were bought 2/3/09 did not reach over \$2000 in value until 2011

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Robert Dutton

NAME OF BUSINESS ENTITY

POWERSHARES QQQ TR

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Index Fund

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☐ Stock ☒ Other Index Fund
 (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

 / / 11 / / 11
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☐ Stock ☐ Other _____
 (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

 / / 11 / / 11
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☐ Stock ☐ Other _____
 (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

 / / 11 / / 11
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☐ Stock ☐ Other _____
 (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

 / / 11 / / 11
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☐ Stock ☐ Other _____
 (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

 / / 11 / / 11
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☐ Stock ☐ Other _____
 (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

 / / 11 / / 11
 ACQUIRED DISPOSED

Comments:

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>Robert Dutton</u>

1. BUSINESS ENTITY OR TRUST	
Dutton Family Trust	
Name 4959 Palomino Pl., Rancho Cucamonga, CA	
Address (Business Address Acceptable)	
Check one <input checked="" type="checkbox"/> Trust, go to 2 <input type="checkbox"/> Business Entity, complete the box, then go to 2	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	
FAIR MARKET VALUE <input type="checkbox"/> \$0 - \$1,999 <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/11 ____/____/11 ACQUIRED DISPOSED
NATURE OF INVESTMENT <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Other	
YOUR BUSINESS POSITION _____	

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	
<input type="checkbox"/> \$0 - \$499 <input type="checkbox"/> \$500 - \$1,000 <input checked="" type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
All Assets have been reported in section A-1

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST	
Check one box: <input type="checkbox"/> INVESTMENT <input checked="" type="checkbox"/> REAL PROPERTY	
9617 Carrari Ct. Rancho Cucamonga, CA	
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property	
single family home	
Description of Business Activity or City or Other Precise Location of Real Property	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/11 ____/____/11 ACQUIRED DISPOSED
NATURE OF INTEREST <input checked="" type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership <input type="checkbox"/> Leasehold _____ Yrs. remaining <input type="checkbox"/> Other _____	
<input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached	

Comments: _____

1. BUSINESS ENTITY OR TRUST	
Name	
Address (Business Address Acceptable)	
Check one <input type="checkbox"/> Trust, go to 2 <input type="checkbox"/> Business Entity, complete the box, then go to 2	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	
FAIR MARKET VALUE <input type="checkbox"/> \$0 - \$1,999 <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/11 ____/____/11 ACQUIRED DISPOSED
NATURE OF INVESTMENT <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Other	
YOUR BUSINESS POSITION _____	

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	
<input type="checkbox"/> \$0 - \$499 <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST	
Check one box: <input type="checkbox"/> INVESTMENT <input type="checkbox"/> REAL PROPERTY	
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property	
Description of Business Activity or City or Other Precise Location of Real Property	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/11 ____/____/11 ACQUIRED DISPOSED
NATURE OF INTEREST <input type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership <input type="checkbox"/> Leasehold _____ Yrs. remaining <input type="checkbox"/> Other _____	
<input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached	

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Robert Dutton

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

9617 Carrari Ct

CITY

Rancho Cucamonga, CA

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/11 ____/____/11
ACQUIRED DISPOSED

NATURE OF INTEREST

☒ Ownership/Deed of Trust ☐ Easement

☐ Leasehold _____
Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

- ☒ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/11 ____/____/11
ACQUIRED DISPOSED

NATURE OF INTEREST

☐ Ownership/Deed of Trust ☐ Easement

☐ Leasehold _____
Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

- ☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

_____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

_____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

☐ Guarantor, if applicable

Comments: This home was our former residence and will be sold or rented in 2012

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Senator Bob Dutton

► NAME OF SOURCE

Senator Darrell Steinberg

ADDRESS (Business Address Acceptable)

State Capitol, Room 205, Sac., CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Senator

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 05 / 11	\$ 58.00	Food & drink
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

Aprea & Micheli

ADDRESS (Business Address Acceptable)

1415 L St., Su. 620, Sac. 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Government relations for various clients

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 11 / 11	\$ 6.13	Food & drink
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

Johan Klehs & Company

ADDRESS (Business Address Acceptable)

1415 L St., Su. 620, Sac. 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Government relations for various clients

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 11 / 11	\$ 3.07	Food & drink
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

California Chamber of Commerce

ADDRESS (Business Address Acceptable)

P. O. Box 1736, Sac., CA 95812-1736

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Helps businesses comply w/federal & state laws

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 11 / 11	\$ \$21.17	Food & drink
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

California Business Roundtable

ADDRESS (Business Address Acceptable)

1215 K St., Su. 1570, Sac., CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Provides leadership on public policy issues

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 11 / 11	\$ 21.16	Food & drink
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

Gordon Biersch

ADDRESS (Business Address Acceptable)

357 E. Taylor, San Jose, CA 95112

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 11 / 11	\$.20	Food & drink
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments:

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Senator Bob Dutton

► NAME OF SOURCE

CA Tribal Business Alliance

ADDRESS (Business Address Acceptable)

1530 J St., Su. 4000, Sac., CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Promotes tribal issues

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 11 / 11	\$ 37.52	Food & drink
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

CA Cable & Telecommunications Assoc.

ADDRESS (Business Address Acceptable)

1001 K St., Sac., CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Developes communications policy for gov. agencies

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 11 / 11	\$ 10.47	Food & drink
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

Regional Council of Rural Counties

ADDRESS (Business Address Acceptable)

1215 K St., Su. 1650, Sac., CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Advocates on behalf of rural issues

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 19 / 11	\$ 88.65	Food & drink
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

Irvine Company

ADDRESS (Business Address Acceptable)

550 Newport Center Dr., Newport Beach, CA 92660

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Real estate investment company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 26 / 11	\$ 24.93	Food & drink
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

National Federation of Independent Business

ADDRESS (Business Address Acceptable)

921 11th St., Su. 400, Sac. CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Promotes opportunities for independent businesses

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 26 / 11	\$ 38.27	Food & drink
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

CA Agricultural Leadership Foundation

ADDRESS (Business Address Acceptable)

P. O. Box 479, Salinas, CA 93902

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Promotes leadership training & learning experiences

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 26 / 11	\$ 53.00	Food & drink
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Senator Bob Dutton

► NAME OF SOURCE

California Forestry Association

ADDRESS (Business Address Acceptable)

1215 K St., Su. 1830., Sac. CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Promotes protection of natural resources

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 02 / 11	\$ 41.45	Food & drink
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

Council of Legislative Excellence

ADDRESS (Business Address Acceptable)

2150 River Plaza Dr., Su. 150, Sac., CA 95833

BUSINESS ACTIVITY, IF ANY, OF SOURCE

An informational service

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 08 / 11	\$ 75.45	Food & drink
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

Latino Journal

ADDRESS (Business Address Acceptable)

1017 L St., PMB 306, Sac., CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Magazine on public policy and government

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 22 / 11	\$ 35.00	Food & drink
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

CTIA - The Wireless Association

ADDRESS (Business Address Acceptable)

1400 16th St., NW, Su. 600, Wash., DC 20036

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Wireless industry trade association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 23 / 11	\$ 96.92	Food & drink
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

Wine Institute

ADDRESS (Business Address Acceptable)

915 L St., Su. 1400, Sac., CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Represents wineries & affiliated businesses

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 07 / 11	\$ 48.79	Food & drink
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

California Rice Commission

ADDRESS (Business Address Acceptable)

8801 Folsom Blvd., #172, Sac., CA 95826

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Promotes production of rice

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 14 / 11	\$ 32.89	Box of rice products
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Senator Bob Dutton

► NAME OF SOURCE

Personal Insurance Federation

ADDRESS (Business Address Acceptable)

1201 K St., Su. 1220, Sac., CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Represents member companies on insurance matter

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 23 / 11	\$ 41.68	Food & drink
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

California Physical Therapy Association

ADDRESS (Business Address Acceptable)

1990 Del Paso Rd., Sac., CA 95834

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Represents physical therapists in the state of CA

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 23 / 11	\$ 23.03	Food & drink
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

Napa Valley Vintners

ADDRESS (Business Address Acceptable)

P. O. Box 141, St. Helena, CA 94574

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Represents Napa Valley wineries

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 05 / 11	\$ 13.13	Food & drink
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

California Hospital Association

ADDRESS (Business Address Acceptable)

1215 K St., Su. 800, Sac., CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Represents CA public hospital systems

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 06 / 11	\$ 25.26	Food & drink
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

Personal Care Products Council

ADDRESS (Business Address Acceptable)

1101 17th St., NW, Su. 300, Wash., D.C.20036

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Represents cosmetic & personal care products indust

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 13 / 11	\$ \$116.50	Personal care products
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

California Building Industry

ADDRESS (Business Address Acceptable)

1215 K St., Su. 1200, Sac., CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Represents companies that plan & build communities

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 26 / 11	\$ \$101.62	Food & drink
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

SCHEDULE D Income – Gifts

Name

Senator Bob Dutton

► NAME OF SOURCE
California Trucking Association

ADDRESS (Business Address Acceptable)
3251 Beacon Blvd., W. Sac., CA 95691

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Represents the California trucking industry

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 26 / 11</u>	<u>\$ 17.00</u>	<u>Food & drink</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

► NAME OF SOURCE
California Citrus Mutual

ADDRESS (Business Address Acceptable)
512 N. Kaweah Ave., Exeter, CA 93221-1200

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Devoted to citrus producers in California

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 26 / 11</u>	<u>\$ 25.95</u>	<u>Box of oranges</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

► NAME OF SOURCE
California State Floral Association

ADDRESS (Business Address Acceptable)
1521 I St., Sac., CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Represents floral industry in California

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 23 / 11</u>	<u>\$ 16.95</u>	<u>Bouquet of flowers</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

► NAME OF SOURCE
California Association of Realtors

ADDRESS (Business Address Acceptable)
525 S. Virgil Ave., L.A., CA 90020

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Promotes interests of CA real estate agents

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 04 / 11</u>	<u>\$ 49.00</u>	<u>Food & drink</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

► NAME OF SOURCE
California Automatic Vendors Council

ADDRESS (Business Address Acceptable)
80 S. Lake Ave., Su. 538, Pasadena, CA 91101

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Assoc. of vending & coffee service operators

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 10 / 11</u>	<u>\$ 20.00</u>	<u>Bag of snack items</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

► NAME OF SOURCE
Commerce Casino

ADDRESS (Business Address Acceptable)
6131 E. Telegraph Rd., Commerce, CA 90040

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Card room

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 13 / 11</u>	<u>\$ 40.16</u>	<u>Food & drink</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Comments: _____

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Senator Bob Dutton

► NAME OF SOURCE

California Hispanic Chamber of Commerce

ADDRESS (Business Address Acceptable)

770 L St., Su. 900, Sac. CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Represents Hispanic owned businesses in CA

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 16 / 11	\$ 10.00	Food & drink
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

Global Automakers, Inc.

ADDRESS (Business Address Acceptable)

1050 K St., NW, Su. 650, Washington, D.C. 20001

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Represent manufacturers who build & sell autos in US

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 16 / 11	\$ 41.08	Food & drink
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

California Refuse Recycling Council, N. District

ADDRESS (Business Address Acceptable)

1121 L St., Su. 505, Sac., CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Represents solid waste & recycling companies

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 17 / 11	\$ 40.00	Food & drink
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

California Refuse Recycling Council, S. District

ADDRESS (Business Address Acceptable)

1851 East First St., Su. 1220, Santa Ana, CA 92705

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Represents solid waste & recycling companies

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 17 / 11	\$ 39.99	Food & drink
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

California Women for Agriculture

ADDRESS (Business Address Acceptable)

1521 I St., Sac., CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

To educate & promote women in agriculture

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 17 / 11	\$ 20.00	Food & drink
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

City of Rancho Cucamonga

ADDRESS (Business Address Acceptable)

10500 Civic Ctr. Dr., Rancho Cucamonga, CA 91730

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Makes decisions for general welfare of community

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 03 / 11	\$ 43.70	Attend Quakes game
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments:

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Senator Bob Dutton

► NAME OF SOURCE
Fox Group

ADDRESS (Business Address Acceptable)
10201 W. Pico Blvd., Los Angeles, CA 90035

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Promotes entertainment

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 18 / 11	\$ 35.12	Food & drink
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

► NAME OF SOURCE
Barona Band of Mission Indians

ADDRESS (Business Address Acceptable)
1095 Barona Road, Lakeside, CA 92040-1599

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Promotes tribal issues

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 11 / 11	\$ 69.60	Food & drink
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

► NAME OF SOURCE
California Outdoor Heritage Alliance Foundation

ADDRESS (Business Address Acceptable)
1600 Sacramento Inn Way, Su. 232, Sac. CA 95815

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Promotes outdoor activities for hunting & fishing

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 23 / 11	\$ 12.25	Trap shooting &
____ / ____ / ____	\$ _____	food & drink
____ / ____ / ____	\$ _____	_____

► NAME OF SOURCE
Molycorp, HC1, Box 224

ADDRESS (Business Address Acceptable)
67750 Bailey Rd., Mountain Pass, CA 92366

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Promotes mining

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 20 / 11	\$ 11.95	Food & drink
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

► NAME OF SOURCE
Tejon Ranch Company

ADDRESS (Business Address Acceptable)
1121 L St., Su. 409, Sac., CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Real estate development, agribusiness, game mgt.

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 24 / 11	\$ 325.00	Shoot, meals &
____ / ____ / ____	\$ _____	lodging
____ / ____ / ____	\$ _____	_____

► NAME OF SOURCE
TechNet

ADDRESS (Business Address Acceptable)
855 El Camino Real, Su. 250, Palo Alto, CA 94301

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Promotes growth of technology & innovation economy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 15 / 11	\$ 832.98	Food & lodging
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

Comments: _____

APR 10 2012

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION

SCHEDULE E

Income - Gifts

Travel Payments, Advances,
and ReimbursementsCALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

TP

NAME OF SOURCE
TechNet

ADDRESS (Business Address Acceptable)
855 El Camino Real, Su. 250

CITY AND STATE
Palo Alto, CA 94301

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☒ 501 (c)(3)
Promotes growth of technology & innovation economy

DATE(S): 12 / 15 / 11 - 12 / 16 / 11 AMT: \$ 832.98
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☒ Made a Speech/Participated in a Panel

☐ Other - Provide Description

NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): / / - / / AMT: \$
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): / / - / / AMT: \$
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

Filer's Verification

Print Name Senator Bob Dutton

Office, Agency
or Court SenateStatement Type ☒ 2011/2012 Annual ☐ Assuming ☐ Leaving
☐ Annual ☐ Candidate
(yr)

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

(c)(1)

Filer's Signature

Comments: